

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Silviu Itescu

Serial No. : 10/693,480 Examiner: B. E. Bunner

Filed : October 23, 2003 Group Art Unit: 1647

For : REGENERATION OF ENDOGENOUS MYOCARDIAL TISSUE

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: March 15, 2012

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9 -	* 20 =	*** 0 X	\$30	\$60	=	0	
Indepen- dent Claims	1 -	** 5 =	*** 0 X	\$125	\$250	=	0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$225	\$450	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

☐ One additional copy of this Amendment Transmittal Letter
☐ Return Receipt Postcard
☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
☒ A Petition for an Extension of Time, including a fee of
\$ 635.00 for a Petition for 3 Month(s) Extension of Time
☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 815.00.

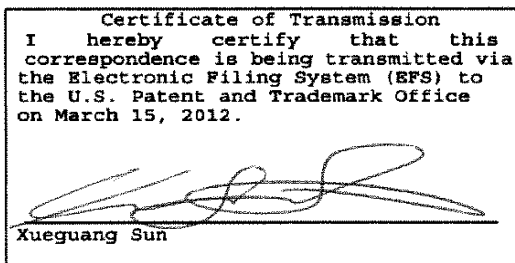
☐ A check in the amount of \$ _____ is enclosed.

☒ Please charge Deposit Account No. 03-3125 in the amount of
\$ 815.00.

☐ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☐ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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